

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035045

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 002

Registrar's No.

4850

FILED OCT 8 1962

## 1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN KANSAS CITY

Length of stay in 1b

52 YEARS

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

3612 EAST 49TH TERR.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

COUNTY

JACKSON

c. CITY OR TOWN

KANSAS CITY

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

3612 EAST 49TH TERR.

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

First

Middle

Last

(Type or print)

MARGARET J. STEWART WAYT

4. DATE OF DEATH

Month

Day

Year

SEPTEMBER 20, 1962

## 5. SEX

FEMALE

## 6. COLOR OR RACE

WHITE

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

## 8. DATE OF BIRTH

1/17/89

## 9. AGE (last birthday)

73

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

-----

11. BIRTHPLACE (City and state or country)

RUSSELLVILLE, MO.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

JAMES MARKHAM

## 13b. MOTHER'S MAIDEN NAME

AMELIA BOER

## 14. NAME OF HUSBAND OR WIFE

LEWIS WAYT

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

## 16. SOCIAL SECURITY NO.

-----

## 17. INFORMANT

LEWIS WAYT 3612 E. 49TH TERR. KANSAS CITY, MO.

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac &amp; Respirator Failure

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary atherosclerosis

DUE TO (c)

Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1961 to Sept 20-62 and last saw her alive on Sept 20 1962

Death occurred at 12:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

G. L. Gentry D.O.

## 22b. ADDRESS

4949dwope Parkway

## 22c. DATE SIGNED

Sep 20 1962

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

A. REMOVAL

## 23b. DATE

SEPT. 22, '62

## 23c. NAME OF CEMETERY OR CREMATORY

MOUND GROVE CEMETERY

## 23d. LOCATION (City, town, or county)

INDEPENDENCE

MISSOURI

## 24. FUNERAL DIRECTOR

ADDRESS

1331 BRUSH CR

## 25. DATE RECD. BY LOCAL REG.

9-21-62

## 26. REGISTRAR'S SIGNATURE

Ruth Long

D.W. NEWCOMER'S SONS KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

Antry

A. R. W. [unclear]  
44947 [unclear]  
1:00-4:00

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Loman W. Thason*

Licensed Embalmer No.

*4889*

P. O. Address

*Lathrop, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.